


POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

Title of Invention	NON-HIERARCHICAL INTERFACE SCREENS FOR USE IN A VIDEO RECORDER		
First Named Applicant :	Mr. Haig H Krakirian		
Attorney Docket Number :	PD132002US		
I hereby appoint the registered practitioner(s) at Customer Number:			
30,439			
as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
I am the Applicant/Inventor.			
Full Name of Applicant of Record:			
Mr. Haig H Krakirian			
Signature: /Haig Krakirian/		Date: 2003-02-12	

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Not Yet Known
Filing Date	Filed Herewith
First Named Inventor	Krakirian, et al.
Title	Non-Hierarchical Interface Screens For Use In A Video Recorder
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	PD 1320.02 US

I hereby appoint:

☒ Practitioners at Customer Number

30,439

OR

☐ Practitioner(s) named below:

30439

PATENT TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Haig H. Krakirian

Signature

Date

3-12-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



Total of _____ forms are submitted.